

«Market Logo»

«Date»

«First Name» «Last Name»
«Address Line 1»
«Address Line 2»
«City», «State» «ZIP code»

Plan name:
HIOS ID:

«Name»
«Number»

Notice of proposed premium rate change

Why you are receiving this

«Full Market Name» is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rate for 2024. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

What you need to know

DFS is required by law to review our requested rate change. DFS may approve, modify, or disapprove the requested rate change.

If approved, the percentage change to your premium will be «%» «more» «less» in 2024.

What you need to do

Please review the following pages to learn more about why we are requesting this change.

Proposed premium rate change

Please note that while we try to provide you with the most accurate information possible, the final approved rate may differ based on the benefit plan design and other features you select on renewal. Also, the final approved rate may differ because DFS may modify the proposed rate

Why we are requesting a rate change

Health insurance premiums reflect the cost of health care in the communities we serve.

We understand the difficult choices that the rising cost of health care creates. In preparing this request, we considered:

- Anticipated rising costs of our members' medical care
- Unprecedented inflation pressures on unit costs for medical procedures
- Regulatory mandates, taxes, and fees

Visit [«highmark.com/member/bcbswny/forms»](https://highmark.com/member/bcbswny/forms)

[«highmark.com/member/blueshieldnyny/forms»](https://highmark.com/member/blueshieldnyny/forms) for a detailed summary about our rate filing and the reasons we are seeking an adjustment.

30-day comment period

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate change. The comments must be made within 30 days from the date of this notice.

For more information, you can contact us at:

[«WNY»](#)

Highmark Blue Cross Blue Shield of Western New York
PO Box 4208
Buffalo, NY 14240

highmark.com/bcbswny
customerservice@bcbswny.com
1-844-639-2441

[«NENY»](#)

Highmark Blue Shield of Northeastern New York
PO Box 15112
Albany, NY 12212

highmark.com/blueshieldnyny
customerservice@bsnyny.com
1-844-639-2440

Comments or requests for more information on the proposed rate change may be submitted to DFS by visiting the DFS website, or via standard mail as follows:

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments

One Commerce Plaza
Albany, NY 12257

dfs.ny.gov/consumers/health_insurance/health_insurance_premiums

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer
2. The name of your plan
3. Whether you have individual or group coverage
4. Your HIOS Plan ID number, which is «HIOS Plan ID #»

Written comments submitted to DFS will be posted on the DFS website without your personal information.

Plain English summary of rate change

We have prepared a plain English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

«Full Market Name»: «highmark.com/member/bcbswny/forms»
«highmark.com/member/blueshielddeny/forms»

DFS: **dfs.ny.gov/consumers/health_insurance/health_insurance_premiums**

Notice of approved premium rate

After DFS approves the final premium rate, which may differ from the requested rate noted on page one, you will receive final rate information at least 60 days before your 2024 renewal date.

«Placeholder page for 1557 Notice of Non-discrimination.»